

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your "System Authorization Access Request (SAAR)". Disclosure of records or the information contained therein may be specifically disclosed outside the DoD according to the "Blanket Routine Uses" set forth at the beginning of the AFSB-Eu compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

TYPE OF REQUEST

☒ INITIAL

☐ MODIFICATION

☐ DELETION

DATE

PART I *(To be completed by User)*

1. NAME (LAST, First, MI)

2. SOCIAL SECURITY NUMBER

3. ORGANIZATION

4. OFFICE SYMBOL/DEPARTMENT

5. Govt. CELL PHONE #.

6. JOB TITLE/FUNCTION

7. GRADE/RANK

8. PHONE (DSN, if applicable)

9. AKO E-MAIL ADDRESS:

STATEMENT OF ACCOUNTABILITY

I understand my obligation to protect my password. I assume the responsibility for data and system I am granted access to. I will not exceed my authorized access.

USER SIGNATURE

DATE

PART II *(To be completed by User's Security Manager)*

10. CLEARANCE LEVEL

11. TYPE OF INVESTIGATION

12. DATE OF INVESTIGATION

13. VERIFIED BY (Signature)

14. PHONE NUMBER

15. DATE

PART III *(To be completed by User's Supervisor)*

16. ACCESS REQUIRED (Location)

LandWarNet - Europe

17. ACCESS TO CLASSIFIED REQUIRED?

☒ NO

☐ YES

18. TYPE OF USER

☒ FUNCTIONAL

☐ SYSTEM

☐ OU ADMINISTRATOR
☐ APPLICATION DEVELOPER

☒ OTHER (Specify): **End User**

19. JUSTIFICATION FOR ACCESS

To access the LandWarNet for Official Business

VERIFICATION OF NEED TO KNOW

I certify that this user requires access as requested in the performance of his/her job function.

20. NAME (LAST, First, MI) OF SUPERVISOR:

21. DEPT.

22. PHONE (DSN)

23. DATE

24. SIGNATURE OF SUPERVISOR

25. LAST 4 (SSN)

26. Govt. Cell Phone #

27. GRADE/RANK

PART IV *(To be completed by AFSB-Eu DOIM Staff adding user)*

28. USERID (EU Network)

29. USERID (Exchange)

30. OU ADMIN NAME:

31. SIGNATURE

32. PHONE (DSN)

33. DATE

INSTRUCTIONS FOR AFSB-Eu FORM 41

Note: Responses in **Bold** are DOIM pre-fills on Form 41 and are not to be altered by the person filling out the form.

A. PART I: (The following information is completed by the user when establishing their USERID.)

TYPE OF REQUEST: ☒ **INITIAL**

DATE: Today's date

- (1) NAME: Your name (Last, First, Middle Initial)
 - (2) SOCIAL SECURITY NUMBER: Your Social Security Number (Box 2 is not required, if you hold a valid Security Clearance and Part II is completed in its entirety.)
 - (3) ORGANIZATION: Your organization or activity. (i.e., TACOM, CECOM, AFSB-Eu)
 - (4) OFFICE SYMBOL/DEPARTMENT: Your office code or department name (i.e., WEA32)
 - (5) GOVT._CELL_PHONE: If you were issued a government cell phone, enter the number to include country code.
 - (6) JOB TITLE/FUNCTION: Enter the position description that best describes your.
 - (7) GRADE/RANK: Your civilian pay grade, military rank, CONT if contractor or LN for Local National.
 - (8) PHONE (DSN): Your Defense Switching Network (DSN) phone number. If DSN is unavailable, indicate commercial phone number.
 - (9) E-MAIL ADDRESS: Your e-mail address. This cannot be a group or organizational e-mail address.
- USER'S SIGNATURE: You must sign the SAAR form with the understanding that you are responsible and accountable for your password and access to the system(s).

B. PART II: (The following information is to be provided by the User's Security Manager.)

Note: Users who have been asked to apply for a EU USERID and who DO NOT have a valid security clearance should write N/A in Box 10 and enter their Social Security Number in Part I, Box 2. Users who DO have a security clearance must have Part II executed by their organization's Security Manager.

- (10) CLEARANCE LEVEL: The user's current security clearance level and ADP Level (i.e., Secret, Top Secret, ADP I, ADP II, etc.) Note: You may need to check with your LAN S/A for your ADP level.
- (11) TYPE OF INVESTIGATION: The user's last type of background investigation. (i.e., NAC, NACI, or SSBI)
- (12) DATE OF INVESTIGATION: The date of the last background investigation.
- (13) SIGNATURE: The Security Manager or his/her representative's signature indicates that the above clearance and investigation information has been verified.
- (14) PHONE: The Security Manager's phone number.
- (15) DATE: The date that the form was signed by the Security Manager or his/her representative.

C. PART III: (The following information is to be provided by the User's Supervisor or COI Manager.)

- (16) ACCESS REQUIRED (Location): LandWarNet
- (17) ACCESS TO CLASSIFIED REQUIRED? **No**
- (18) TYPE OF USER: **Functional; X - Other** (specify): **End User**
- (19) JUSTIFICATION FOR ACCESS: **To access the LandWarNet for Official Business.**
- (20) NAME OF SUPERVISOR: Your name (Last, First, Middle Initial)
- (21) ORG/DEPT.: Supervisor's or Manager's organization and department.
- (22) PHONE (DSN): Your Defense Switching Network (DSN) phone number. If DSN is unavailable, indicate commercial phone number.
- (23) DATE: The date the Supervisor or Manager signs the SAAR.
- (24) SIGNATURE OF SUPERVISOR: The user's supervisor or Manager must sign the SAAR form to certify the user is authorized access to perform his/her job function.
- (25) LAST 4(SSN): The last 4 digits of your Social Security Number
- (26) Govt. Cell Phone #: If you were issued a government cell phone, enter the number to include country code. If no phone was issued then enter NA in block 26.
- (27) GRADE/RANK: Your civilian pay grade, military rank, CONT if contractor or LN for Local National.

At this point, the user will FAX the completed form to the AFSB-Eu DOIM Operations Center: FAX # 49-(0)621-487-7100 DSN (314)-487-7100.

D. PART IV: *(The following information is provided by the DOIM Staff who adds the user to the system.)*

- (28) USERID (EU Network): Enter USERID for the EU DOMAIN.
 - (29) USERID Exchange): Enter USERID for the Exchange server that the users will receive mail from if different than EU DOMAIN USERID.
 - (30) OU ADMIN NAME (Last, First, Middle Initial): Provided by the DOIM staff member who adds the user to the system.
 - (31) SIGNATURE: Signature of the DOIM staff member who adds the user to the system.
 - (32) PHONE NUMBER (DSN): The DOIM staff member DSN phone number.
 - (33) DATE: The date the DOIM staff member signs the SAAR.
-

AFSB-Eu FORM 41 FAQ

- 1. IS THIS FORM BEING USED TO VALIDATE A SITE OR AN INDIVIDUAL?
AN INDIVIDUAL.
- 2. SSN REQUIRED?
IT'S ONLY REQUIRED IF YOU DO NOT HOLD A VALID SECURITY CLEARANCE. IF YOU DO HOLD A SECURITY CLEARANCE, SKIP BOX 2, AND VERIFY THAT PART II IS COMPLETED IN ITS ENTIRETY.
- 3. HOW ABOUT USERS WITH MULTIPLE SITE IDS?
USE THE SITE ID WHERE YOU DO MOST OF YOUR WORK.
- 4. HOW WILL I KNOW DOIM GOT MY FORM 41?
YOU'LL GET AN ACKNOWLEDGEMENT WHEN WE RECEIVE YOUR FORMS.
- 5. CAN I LIST A GROUP OR ORGANIZATION EMAIL ADDRESS?
NO.
- 6. HOW WILL I KNOW MY FORM HAS BEEN SUCCESSFULLY PROCESSED?
THE DOIM WILL SEND A VALIDATION ACKNOWLEDGEMENT VIA EMAIL.
- 7. ONCE THE DOIM RECEIVES A COMPLETED FORM 41, HOW LONG DOES IT TAKE TO VALIDATE A USER REQUEST FOR AN ID?
APPROXIMATELY 2 BUSINESS DAYS.
- 8. HOW LONG WILL THIS FORM BE VALID?
FOR AS LONG AS YOU ARE A DOMAIN USER.
- 9. HOW LONG WILL PASSWORDS BE VALID?
90 DAYS.
- 10. I'M A CONTRACTOR. I'VE BEEN TOLD TO COMPLETE A FORM 41. I DON'T HAVE A SECURITY CLEARANCE. HOW DO I HANDLE PART II OF THE FORM 41?
PUT "N/A" IN BOX 10. RETURN TO PART I AND WRITE YOUR SOCIAL SECURITY NUMBER IN BOX 2.
(NOTE: IF A CONTRACTOR IS NOT WORKING IN EITHER A COI OR FACILITATOR CAPACITY, THEY MAY NOT HAVE ACCESS TO THE SYSTEM VIA PASSWORD.)
- 11. CAN I USE DIGITAL SIGNATURES?
NO.
- 12. HOW DO I SEND THE FORM 41 BACK TO THE DOIM?
BY FAX(THE DOIMs FAX NUMBER IS PRINTED ON THE FORM AND IN THE INSTRUCTIONS.), HANDCARRY TO HAMMONDS BARRACKS, BUILDING 974 ROOM 306 OR BY DIGITAL SENDER TO HELPDESK@HQ.ACMEUR.ARMY.MIL